About National Children’s Alliance & CACs

NCA is the national association and accrediting body for a network of 795 Children’s Advocacy Centers—CACs. We provide support, advocacy, quality assurance, and national leadership for CACs, all to help support the important work that CACs do in communities across the country. CACs provide a coordinated, evidence-based response to child victims of abuse.

Why do children need Children’s Advocacy Centers?

An estimated 1,564 children died from abuse and neglect in the United States in 2014, the most recent year for which there is national data. But child abuse fatalities are not the only consequences of abused children suffer. Sexual abuse, physical abuse, an neglect are forms of Adverse Childhood Experiences (ACEs) that researchers have linked to mental health problems, such as mood disorders, anxiety, substance abuse, and impulse control disorders. Child abuse often co-occurs with other ACEs, like witness to domestic or community violence, traumatic loss or separation, or sexual assault. Adults with multiple ACEs have even been shown to be more likely to endure poor health outcomes like diabetes, STDs, heart disease, and early death.

In short, without intervention, child abuse causes lifelong problems.

But Children’s Advocacy Centers help kids by providing them with justice and healing from their abuse in a child-friendly setting they can trust. In addition to helping collect forensic evidence to help law enforcement and CPS protect children from abusers, CACs coordinate a complete response to the needs of a child after abuse. Last year, CACs around the country served more than 311,000 child victims of abuse, providing forensic interviews, evidence-based mental health treatments that are proven to reduce symptoms, case management, victim advocacy services, and more.

What Is a CAC?

CACs are how communities mount a coordinated response to allegations of child abuse. To understand what a CAC is, you must understand what children face without one. Without a CAC, the child may end up having to tell the worst story of his or her life over and over again, to doctors, police, lawyers, therapists, investigators, judges, and others. They may not get the help they need to heal once the investigation is over, either.

When police or child protective services believe a child is being abused, the child is brought to the CAC—a safe, child-focused environment—by a caregiver or other “safe” adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask. Then, based on the interview, a multidisciplinary team (MDT) that includes medical professionals, law enforcement, mental health providers, prosecution, child protective services, victim advocates, and other professionals make decisions together about how to help the child. Finally, they offer a wide range of services like therapy, medical exams, courtroom preparation, victim advocacy, case management, and more.

How do we know it works?

We know the services CACs provide work because the evidence shows it does.

Evidence from studies of mental health treatments

In a collaborative partnership among NCA, The Duke Endowment, Yale University, Children’s Advocacy Centers of North Carolina, and the South Carolina Network of Children’s Advocacy Centers, we launched an initiative to bring a promising, evidence-based treatment to children in the Carolinas who needed it. The Child & Family Traumatic Stress Intervention (CFTSI) has already demonstrated significant results. NCA will expand this important work in the coming years.
In this ongoing project, many children came in presenting high levels of Post-Traumatic Stress Disorder (PTSD) symptoms. Caregivers also reported that their children had high levels of PTSD symptoms, as well as other problems like nightmares, feeling scared, feeling worried, or having trouble concentrating in school, feeling lonely, not wanting to play, and having intrusive thoughts.

In the chart above, the Child PTSD Symptom Scale (or CPSS, a common PTSD assessment for kids), shows the average child- and caregiver-reported symptom score before and after receiving the CFTSI therapy. Researchers and clinicians agree that scores of 11 or higher reflect significant distress, and indicate that a child may eventually qualify for a diagnosis PTSD upon further assessment. Children with scores of 15 or higher are almost certain to meet the full criteria for PTSD.

Children treated through this program whose symptoms were assessed before receiving CFTSI reported an average score of 20.86. On average, children reported high levels of trauma symptoms at the time they were first seen at the CAC. Following the brief mental health treatment, children and their caregivers both reported much lower levels of symptoms. Children reported with an average score of 8.96, which is below clinically significant levels.

**Responses from caregivers**

Children are usually brought to CACs by caregivers, who will support them in the months and years ahead as they recover from the abuse. NCA provides a standardized tool called the Outcome Measurement System (OMS) to CACs to collect feedback from caregivers and team partners to ensure CACs are doing the best possible job to support children and their families. 580 CACs participate in this program to ensure they are providing the highest quality care to caregivers.

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3 Ongoing National Children’s Alliance/Yale University/Duke Endowment study, *Change in Trauma Symptoms in CFTSI Cases Completed at North Carolina and South Carolina Sites 3/1/15-1/31/16*. N=97
Caregivers and kids feel safe

95% of caregivers agree their children feel safe at CACs.4

Caregivers feel informed

By the end of the first visit, 93% of caregivers report they know what to expect with the situation facing them and their children. Weeks later, 92% of caregivers still agree that, as a result of their contact with the CAC, they knew what to expect in the days and weeks after their visit.4 93% of caregivers agree they received information that helped them understand how to best keep their children safe in the future.4

Caregivers and kids leave feeling better

96% of caregivers agree, if they knew anyone else who was dealing like a situation the one their family faced, they would tell that person about the CAC.4

National Statistics on Child Abuse

In 2014, an estimated 1,564 children died from abuse and neglect in the United States.5 Last year, Children’s Advocacy Centers around the country served more than 300,000 child victims of abuse, providing victim advocacy and support to these children and their families.

National Child Abuse Statistics5

More than 700,000 children are abused in the U.S annually. An estimated 702,000 children (unique incident) were victims of abuse and neglect in 2014, the most recent year of national data.

CPS protects nearly 3 million children. Forty-seven states reported approximately 2.9 million children received preventative services from child protective services agencies.

The youngest children were most vulnerable to maltreatment. Children in the first year of their life had the highest rate of victimization of 24.4 per 1,000 children in the national population of the same age.

Neglect is the most common form of maltreatment. Of the children who experienced maltreatment or abuse, nearly 80% suffered neglect; 18% suffered physical abuse; and 9% suffered sexual abuse. (Some children are polyvictimized—they have suffered more than one form of maltreatment.)

About four out of five abusers are the victims’ parents. A parent of the child victim was the perpetrator in 78% of substantiated cases of child maltreatment.

How Children’s Advocacy Centers Served Children: Statistics

Children’s Advocacy Centers served more than 311,000 children around the country in 2014. Here’s a snapshot of these children.

Two-thirds of children served disclosed sexual abuse (205,438).
Nearly 20% of children served disclosed physical abuse (60,897).
211,831 children received on-site forensic interviewing at a Children’s Advocacy Center.

People Investigated for Abuse

More than 247,000 people were investigated for child abuse through CAC-led investigations in 2014.

Of those alleged to have abused children, nearly a quarter were themselves children.
Almost 40% were parents to the child victim.
Fully 90% of alleged abusers were related in some way to the child victim.
Suggested Story Angles

A look at the system
A series of news stories that takes a look at the entire child abuse intervention process by following a victim throughout every stage. From reporting to assessing to investigating to prosecuting to treatment – a look at what the child victim endures, the impact on the family, and the differences made by the multi-disciplinary team approach endorsed by NCA and applied by local CACs around the country.

National Child Abuse Prevention Month
Child Abuse Prevention Month takes place annually in April. What is the outlook for victims of child abuse today? Discuss innovative therapeutic interventions being used by local CACs around the country. Educate parents as to what to look for and what to teach their children to keep them safe. Build awareness of the problem on a local, regional and national scale. Present the CAC multi-disciplinary approach as a model for the nation’s assessment centers.

What is a forensic interview and why does it work?
Discuss how the forensic interviewing process has changed over the years and highlight the benefits of forensic interviews (i.e. children only go through one interview; information gathered is more credible for prosecution purposes).

The healing process and new approaches to therapy
Discuss the multiple treatment modalities and innovative therapeutic interventions endorsed by NCA and utilized by local CACs with victims, siblings and non-offending caregivers.

Childhood trauma and ACEs
Sexual abuse, physical abuse, an neglect are forms of Adverse Childhood Experiences (ACEs) that researchers have linked to mental health problems, such as mood disorders, anxiety, substance abuse, and impulse control disorders. Child abuse often co-occurs with other ACEs, like witness to domestic or community violence, traumatic loss or separation, or sexual assault. Adults with multiple ACES have even been shown to be more likely to endure poor health outcomes like diabetes, STDs, heart disease, and early death.

Youth with sexual behavior problems
In about a third of all substantiated cases of child sexual abuse, the alleged abuser is another child. CACs help both victims and those who have abused them—and their families—recover from the aftermath. What are the risk and protection factors of sexual abuse among children? How can communities address sexual behavior problems in youth? Can treatments help reduce recidivism? What cultural considerations help keep children safe and restore families?

Sexting, sextortion, and protecting kids online
What can be done to prevent a child from being lured into an inappropriate relationship or viewing inappropriate materials online? Signs to look for and tips for parents – utilize NCA as a resource for finding credible sources for local stories.
"Before and After": How abuse investigations have changed
An in-depth, comparative look at how a sexual abuse case was handled in the past (at the local or national level) and how these types of cases are currently handled by CACs around the country. Feature a local CAC in your area and discuss all of the on-site services offered. A detailed look at how the multidisciplinary approach benefits the child victim and his/her family. This human interest angle would serve as positive supporting evidence of the evolution of the system.

Educating our children about child abuse
A story on NCA’s proactive approach to encouraging community education and abuse prevention tactics. Highlight the need for more education in your community’s schools and utilize NCA to offer strategies for achieving this goal.

Tips to keep children safe / Educating children about “body safety”
A comprehensive list of tips for educating children on how to recognize and avoid abusive situations.

The evolution of the CAC model
Present how the CAC model has evolved over the years by sharing personal stories of survivors and how the changing system has positively impacted these individuals.

Sexting and sextortion
NCA is connected with experts on the topics of sexting and sextortion as they relate to child abuse. who can speak to the growing issue and methods for intervention and prevention.

Child sex trafficking
An in-depth look at the factors surrounding child sex trafficking, how CACs respond to these cases, common misconceptions and problematic language about victims, and the unique challenges of serving this vulnerable population.

Presenting facts on new legislation
How will/does current legislation tied to child protective services impact local communities and the children and families served?

Mandatory reporting laws
In 48 states, the District of Columbia and many U.S. territories, local laws name certain professions likely to have close contact with children as “mandatory reporters” of abuse: medical professionals, police, teachers, child care providers, mental health providers, and many others. Workers in these fields are legally required to report suspected abuse to authorities. However, in a growing number of states (currently 18), all adult residents are legally required to report suspected abuse. Do these laws help increase child abuse reporting? Do residents understand their legal responsibilities? What are the barriers to reporting? See peer-reviewed research from NCA and the University of New Hampshire.

High-profile abuse cases
When prominent people or institutions are in the spotlight of abuse allegations, how does coverage affect the community—and the victims? NCA offers perspectives on how to cover these complex episodes that can raise awareness of child abuse, but that can also send audiences the wrong message.
NCA Executive Director Teresa Huizar

National Expert on Child Abuse Investigation and Trauma Treatment

Teresa Huizar is executive director of the Washington-based National Children’s Alliance. She has served at every level in the Children's Advocacy Center (CAC) movement, beginning her career in 1993 at a CAC in Colorado developing psychoeducation curricula. She has subsequently served in executive roles at the local center, the state chapter, the western regional center, and finally with the national organization, which she has led since 2008. Over the course of her career in the movement, she has successfully advocated for the passage of legislation and policy initiatives that help child victims of abuse at the local, state, and national levels.

Teresa is available for comment or to provide background on national and local stories about child abuse that relate to its investigation, the consequences of abuse, evidence-based treatments that heal the trauma of abuse, justice for abusers, and the community responses that help restore childhoods and families. She has appeared on national programs and been quoted in dozens of stories, including:

- **NBC News**, June 4, 2015: “Did Duggars Do the Right Thing When Son Confessed to Sex Abuse?”
- **Staunton (Va.) News Leader**, April 26, 2016, “Prey”
- **USA Today**, November 4, 2015: “Adrian Peterson Could Help Other Parents Learn”
- **Sports Illustrated**, July 2, 2012: “Light from the Darkness”

Under Teresa’s leadership, National Children’s Alliance is at the center of a nationwide movement of more than 800 CACs in communities in every state. NCA leads this movement as the national association and accrediting body for CACs. Through the development of the Standards for Accredited Members and the accreditation process, NCA ensures the highest standards of practice consistent with the latest research for its Accredited Members. As the federal advocate for CACs, NCA represents the CAC movement on Capitol Hill and to the federal agencies that support CACs. NCA also leads special projects to build and improve practice for CACs in the areas of promising mental health treatments, emerging issues in the field such as child sex trafficking and youth with sexual behavior problems, and tracking child outcomes through shared data.